



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 9, 2016

Ms. Debra Clemmer, Manager
Lakeview Community Care Home
322 St Paul Street
Burlington, VT 05401-4647

Dear Ms. Clemmer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 8, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site self report investigation was conducted by the Division of Licensing and Protection on 06/08/16. As a result, the following are Residential Care Home Licensing Regulation violations.	R100	See attached.	
R128	V. RESIDENT CARE AND HOME SERVICES SS=E 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through interview, 1 of 2 applicable residents (Resident #1) in the sample did not receive medications as prescribed by the physician. Findings include: 1. The current signed physician order for Resident #1 demonstrates a diabetic medication, Metformin 500mg B.I.D (given 8am-8pm), an anti-hypertensive Lisinopril 5mg Q.D. (8am), an anti-psychotic Risperidone 1mg/ml liquid 4ml=4mg BID (8am-8pm) and PRN (as needed) medications, which included Lorazepam 1 mg. 1 tablet every 8 hours up to 2 doses per 24 hours for agitation. From January 2016 through June 3, 2016 Resident #1 had not received medications as follows: a) On 01/16/16, 01/17/16, 01/19/16, 04/28/16 and 05/19/16 the progress notes demonstrate the resident was threatening and chasing another resident, bit a resident's finger, was 'agitated', had increased aggression and slapped a staff person,	R128		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TITLE

8/19/16

(X6) DATE

*Debra C. Ammon**Program Coordinator*

06/30/16

If continuation sheet 1 of 12

R128 - R208 POC's accepted 9/8/16 mncotarn

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R128	Continued From page 1 respectively. There is no documentation that the resident was offered or refused PRN ordered medications for these agitated and aggressive behaviors. b) Medications are signed on the MAR (medication administration record) as being administered at 8 in the morning and at 8 in the evening. However, the staff progress note of 05/19/16 states that the morning medications were given after 12:30 PM. Per interview on 06/08/16 at 9:59 A.M. the residential support staff {RSS} acknowledged that medications are given sometimes on time, whenever staff can and also stated that, "occasionally up to 2 A.M- that's the cut off time". The RSS confirmed that medications are given at intervals greater than what the physician ordered and stated "that could easily happen, depends on the day" The Nurse Manager stated "[residents] can refuse so we try to give them when they accept them" but acknowledged that the physician's orders are written 8 AM and 8 PM. Also see R-139, R-171, R-189.	R128		
R138	V. RESIDENT CARE AND HOME SERVICES SS=D 5.5 Physician Services 5.8.b A resident has the right to refuse all medical care for religious reasons or other reasons of conviction, but in such cases, the home must assess its ability to properly care for the resident and document the refusal and the reasons for it in the resident's record. This REQUIREMENT is not met as evidenced	R138		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R138	Continued From page 2 by: The home failed to document the reasons for refusal of medical care for 1 applicable resident (Resident#1). Findings include: 1. Review of Resident #1's chart shows that the resident had refused vital signs, blood work, and on-going nursing monitoring, although no reasons were noted. The resident had diagnoses of Hypertension, Diabetes and Schizophrenia. The nurse surveyor was unable to find monitoring for blood pressures, blood sugars nor annual laboratory results which would include testing for diabetic blood work and other metabolic systems. When asked when the resident last had annual blood work, the Nurse Manager at 10:57 AM stated "oh it's been years" and also "everyone knows [the resident] refused care, it was on-going". Also see R-139, R-165.	R138		
R139	V. RESIDENT CARE AND HOME SERVICES SS=D 5.8 Physician Services 5.8.c Any refusal of medical care and the reasons for the refusal must be documented in the resident's record. If the resident has an attending physician, the physician shall be notified. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to document the reasons for refusal for medication and care for 1 applicable resident in the sample and failed to notify the attending	R139		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R139	Continued From page 3 physician of these refusals (Resident #1). Findings include: 1. Resident#1 had refused medications, nursing care and services multiple times from January 2016 through June 2016, as evident by weekly staff progress notes. However, there is no documentation as to the reason for refusals nor documentation that the physician was aware and/or the physician's response. A progress note from the APRN (advance nurse practitioner for psychiatry) dated 04/08/16 states the resident "is mostly compliant with medication". During interview at 10:57 AM, when asked about vital signs, blood work and how the primary physician would be aware, the Nurse Manager's reply was "the doctor would know it wasn't done because [physician] wouldn't get the results". The Nurse Manager acknowledged that the resident refuses medication administration but was unable to show evidence regarding the reason or that the physician was notified, stating "well everyone knows that, [resident] has been doing this [refusing or non-compliant] for years". Also see R-128, R-138, R-145 & R-171.	R139		
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given. This REQUIREMENT is not met as evidenced by:	R140		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R140	Continued From page 4 Based on staff interview and record review, a physician order for one applicable resident was not countersigned within 15 days as required. (Resident #1) Findings include: Per record review on 06/08/16, Resident #1's physician/ licensed practitioner requested blood work as 'comprehensive metabolic panel; CBC (with differential); HbA1c lipid; thyroid cascade', which was written on a half piece of paper dated January 2016. When asked about the verbal order for the blood work, the Nurse Manager at 10:57 AM stated that s/he 'doesn't draw blood' but (a nurse from another facility) comes monthly for residents' lab work. The Nurse Manager further stated "I didn't write it down because I knew [resident] would refuse...but if it was a medication I'd write it down". The Nurse Manager acknowledged that counter signature is required for verbal orders. Also see R-189.	R140		
R145	V. RESIDENT CARE AND HOME SERVICES SS=D 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and interview the Nurse Manager failed to develop a plan of care that describes the care and services necessary to	R145		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R145	Continued From page 5 assist Resident #1 to maintain independence and well-being. Findings include 1. Resident #1 was identified as refusing medications, care and service, through record review and interviews with Residential Support Staff and the Nurse Manager. The Weekly Staff Progress Notes and the MAR documented the resident's refusals. Per interview at 10:57 AM, the Nurse Manager acknowledged that the resident refuses medication administration and care but was unable to show evidence as demonstrated by the current treatment plan (dated 04/21/16) that describes the interventions or strategies regarding this area of concern. *R-145 is a repeat deficiency from the 01/13/16 re-licensing survey.	R145		
R165	V. RESIDENT CARE AND HOME SERVICES SS=E 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications,	R165		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2016	
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	<p>Continued From page 6</p> <p>as well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and</p> <p>Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The Registered Nurse (RN) Manager did not assume responsibility for staff performance in the proper administration of resident medication for 1 of 2 residents. (Resident #1) Findings include:</p> <p>1. During record review and interview on 06/08/16 for Resident #1, the Nurse failed to monitor and evaluate designated staff's performances in carrying out proper medication administration. The RN delegates unlicensed staff to administer medications to the resident in accordance with the standard of practice for medication delivery. This delivery includes giving the right medications, to the right person, at the right time, at the right dose and the right route. Additionally, accurate documentation is also vital for proper administration. Resident #1's medication includes diabetic medication and an anti-psychotic to be given at 8 A.M. and 8 P.M. as well as an evening medication for hypertension. Although unlicensed staff are signing the MAR as being given at the correct times, record review and interviews demonstrates that the medications were not given within the proper timeframe or recorded accurately. The staff progress note of 05/19/16 states that the morning medications were given after 12:30 PM. Per interview on 06/08/16 at 9:59 A.M. the residential support staff (RSS) acknowledged that medications are given sometimes on time, whenever we can and noted that, occasionally up to 2 A.M. - "that's the cut off time". The RSS confirmed that medications are</p>	R165		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	Continued From page 7 given at intervals greater than what the physician ordered and stated "that could easily happen, depends on the day". The Nurse Manager acknowledged that the orders are written 8 AM and 8 PM, but further stated "we try to give them when they accept them...things don't work like that" Also see - R-138.	R165		
R171	V. RESIDENT CARE AND HOME SERVICES SS=E 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced	R171		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R171	Continued From page 8 by: The Residential Community Home failed to show effective documentation that the medication regime was appropriate and effective, given as ordered, instances of refusals, including why and the action taken, and monitoring for side effects for psychoactive medications for 1 applicable resident. (Resident #1) Findings include: 1. Per review of Resident #1's record, the documentation demonstrates the resident received medications at improper times and/or refused medications, however, reason why or the action was not noted. As follows: a) Please refer to citations R-138 and R-139 for examples of the refusal of care without the reason or actions taken. b) Please refer to R-128(b), R-165 for examples of lack of medication regime documentation.	R171		
R189	V. RESIDENT CARE AND HOME SERVICES SS=D 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced	R189		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R189	Continued From page 9 by: The Residence failed to have reports of physician visits, signed verbal orders, and treatment documentation for 1 resident in the sample. (Resident #1) Findings include: 1. During review on 06/08/16 Resident #1's record did not contain required information. Per the progress note dated 12/10/15 demonstrates "... not seen PCP [primary care provider] in years, [PCP]ordered blood...". The Nurse Manager stated that the resident was seen in January 2016 but added "you won't find a note from (PCP)...but here's the number you can get it yourself". The Nurse Manager acknowledged that the PCP requested blood work but did not write the verbal order, stating "I didn't write it down because I knew [resident] would refuse...but if it was a medication I'd write it down". The current treatment plan [02/12/15] directs staff to follow the 'Aggressive Behavior Plan', however there is no documentation that staff took measures as outlined when the resident made threats or displayed violent behaviors [in January, April or May 2016], either through medications and/or other stated interventions.	R189		
R208	Also See R-140, R-128. V. RESIDENT CARE AND HOME SERVICES SS=D	R208		
5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All				

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R208	Continued From page 10 resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the home did not report to the Division of Licensing and Protection (DLP) a pattern of resident to resident incidents in a timely manner in for 1 of 2 applicable records reviewed, nor did the home revise a plan to deal with the behaviors. (Residents #1 & Resident #2) Findings include: Per record review, a pattern of aggressive behaviors involving Resident #1 towards Resident #2 was not reported as required, the physician was not notified of an injury nor was a plan developed to deal with ongoing behaviors. Per the weekly progress notes , Resident #1's aggressive behaviors occurred on 01/16/16, 01/17/16, 01/19/16, 04/28/16 and 05/19/16. The progress notes demonstrates the resident was threatening and chasing another resident (resident #2), bit that resident's finger, was agitated, had increased aggression and slapped a staff person, respectively. In addition, Resident #1 was punched by Resident #2, in which Resident #1 obtained a bruise as a result. There is no documentation that the physician was notified of the bruise or that both residents' care plans were revised to deal with this pattern of aggressive and abusive behaviors. Resident #1's behavioral plan related to the Aggressive behavior was dated 02/12/15 and had not been updated. A treatment plan dated 02/01/16 and 04/21/16 are identical in verbiage with no noted changes under problem #1- Aggression and	R208		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
NAME OF PROVIDER OR SUPPLIER LAKEVIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 ST PAUL STREET BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R208	Continued From page 11 Violence. During interview at 10:57 AM the Nurse Manager stated that "when [resident #1] was moody you just have to let [resident] be and can be a difficult person one minute and o.k. in the next minute but what else can we do". The Nurse Manager acknowledged the challenging behaviors and being overwhelmed. Also see R-145.	R208		

Date: August 18, 2016

To: Pamela Cota

From: Debra Clemmer - RN/ Program Coordinator for Lakeview Community Care Home

Re: PLAN OF ACTION FROM THE JUNE 8, 2016 INVESTIGATION

Deficiency R128: No documentation that a PRN of lorazepam was offered when resident #1 was agitated. Also resident #1 was permitted to take both am and pm medications later than expected medication times.

Action: In the future, Lakeview staff will document on the PRN medication form when a resident is offered a PRN medication for agitation and refused to take it. Currently, on this form staff is only documenting PRNs that a resident has taken. Resident #1 was offered PRNs of lorazepam and consistently refused when in an agitated state. Writer and Lakeview staff, in the future, will document that the offer was made. Medications are ordered QAM and QHS. RN had medical staff write orders with the following parameters:

AM medications can be given between the hours of 6:30 am up until 2 pm.

PM medications can be given starting at 6:30 pm up until 12 am.

This change went into effect as of July 5, 2016.

Deficiency R138: Home failed to document the reasons for medication refusal by resident.

Action: In the future, the writer and Lakeview staff will appropriately document whenever a resident refuses medical care and the reasons for it. RN will monitor that reasons for medication refusals are documented.

Deficiency R139: The home failed to notify the attending physician of these refusals

Action: The writer and Lakeview staff will ensure that the attending physician is notified about refusals of medication and that such refusals are appropriately documented. RN will notify attending physician staff of all medication refusals.

Deficiency R140: Home did not get a physician order for lab work to be done

Action: In the future, the RN will obtain orders for all lab work to be drawn. The RN will oversee this process.

Deficiency R145: RN failed to develop a plan of care that describes the interventions or strategies regarding Resident #1 refusal of medical services including at times medications.

Action: RN will be very specific regarding strategies about interventions being done for a resident and document on the treatment plan.

Deficiency R165: Registered nurse did not assume responsibility for staff performance in the proper administration of resident medication.

Action: See the response to Deficiency R128 above. The RN did obtain physician orders that included extended medication times for all residents residing at Lakeview. This plan was put in place July 5, 2016.

Deficiency R171: Resident #1 received medications at improper times.

Action: See the response to Deficiency R128 above. Reason for medication refusals addressed in deficiency R138.

Deficiency R189: Home failed to have reports of physician visit for Resident #1.

Action: In the future, if a PCP makes a home visit for any resident the RN will request that they complete an office visit form.

Deficiency R208: Home did not report to the Division of Licensing and Protection a pattern of resident- to- resident incidents in a timely manner for Residents #1 and #2

Action: In the future, any time a report is made to APS staff will also notify the Division of Licensing and Protection (“DLP”) and such reports will be documented in residents’ records. Lakeview staff as of July 2016 have been appropriately trained on the DAIL’s revised policies on this issue. The RN is responsible for making sure that DIAL is contacted in a timely manner.